



**BUILDING – FLOODPLAIN – DEVELOPMENTAL PERMIT APPLICATION**  
(Effective 10/1/2012)  
**MONROE COUNTY GROWTH MANAGEMENT DIVISION**

<b>INTERNAL USE ONLY (CSR)</b>	DATE: _____		Rec'd by: _____		PERMIT # _____	
	<input type="checkbox"/> Emergency		<input type="checkbox"/> Walk-Thru		<input type="checkbox"/> Over the Counter	
	<input type="checkbox"/> DEMO( <input type="checkbox"/> Asbestos)		<input type="checkbox"/> Revision (A-B-C-D-E-F-G-_____)		YEAR BUILT _____	
	Addt'l Info _____		<input checked="" type="checkbox"/> Floodplain Information & Certification (Pg. 3)		<input type="checkbox"/> ATF (Pg 5)	
Required for ALL: <input checked="" type="checkbox"/> Species Focus Area Assessment Form				<input type="checkbox"/> Environmental (Pg. 4)		
<b>PARCEL (Reviewers)</b>	Deemed Development/DEO (Planning/BIO): <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> State/Fed Approval Required	
					<input type="checkbox"/> FWS Deed Restriction Required	
	LU District: _____	FLUM District: _____	Flood Zone & Elevation: _____		Flood Panel: _____	Tier: _____

<i>JOB SITE INFORMATION</i>		Job Address: _____	
RE #: _____ (Parcel id#)			
Legal Description	Lot Block/Unit	Location Information	Key: _____ MM _____ Subdiv

<i>OWNER INFORMATION</i> ALL OWNER BUILDERS MUST APPEAR IN PERSON - F.S.489.103(7)		OWNER BUILDER <input type="checkbox"/>
Name _____		Phone: _____ ( )
Address (mailing) _____ City, State, Zip _____		
Fee Simple Titleholder's (if applicable - other than owner), Address, _____ City, State, Zip _____		Phone: _____ ( )
Mortgage Lender's Name and Address _____		
<u>Email Address Preference:</u> Provide if communication, incl. correction requests, by email is acceptable:		

<i>CONTRACTOR INFORMATION (if applicable)</i>		Est. TOTAL COST for Work: _____	Est. TOTAL SQ FT: _____
Construction Business Name _____		\$ _____	
Contact _____		Change in Occupancy/Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License # _____		Change in Footprint/ Outside Footprint: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address _____		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/MultiFamily Type <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> BOTH <input type="checkbox"/> New <input type="checkbox"/> Repair/Renovation	
Email _____		A/C Condenser Only: Same Location <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone _____		Tonnage: Current _____ Proposed _____	
Debris Removed by: <input type="checkbox"/> Applicant <input type="checkbox"/> Specialty Contractor		Seer: Current _____ Proposed _____	
Contractor Name _____		DEMO: <input type="checkbox"/> Full/All of Structure <input type="checkbox"/> Partial (Detail below)	
Bonding Company Name, Address _____		ROOF <input type="checkbox"/> New <input type="checkbox"/> Re-Roof <input type="checkbox"/> Re-Cover	
City, State _____		SOLAR UNIT Photo-voltaic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On-Roof	
		SPA <input type="checkbox"/> Portable <input type="checkbox"/> Inside footprint	
Private Provider Name, Address _____		<i>DETAIL PROJECT (Environ Use Page 4; ATF Use Page 5)</i>	
City, State _____			
Type of Private Provider Service <input type="checkbox"/> Plan Review & Inspections <input type="checkbox"/> Plan Review only <input type="checkbox"/> Inspection only			
Architect / Engineer: _____			
Other/Agent: _____			

<i>REQUIRED: Sub Contractor Work Acknowledgment (Y/N) and List Contractor(s) Name(s)</i>							
Please be advised that for any sub checked as "NO" (indicating that no work in that discipline is required), that is later determined by examination of plans or onsite should have been acknowledged as "YES", fees related to that discipline will be charged following the "After-the-Fact" penalty fee policy (Fee Resolution Section M and MC Code Ch 6).							
Electric: <input type="checkbox"/> No <input type="checkbox"/> Yes	Elevator/Mech: <input type="checkbox"/> No <input type="checkbox"/> Yes	Fuel/Gas: <input type="checkbox"/> No <input type="checkbox"/> Yes	Other: <input type="checkbox"/> No <input type="checkbox"/> Yes	Pool: <input type="checkbox"/> No <input type="checkbox"/> Yes	Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes	Roofing: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phased/Elect Planned: <input type="checkbox"/> Yes							

**WARNING TO OWNER:**

- A Notice of Commencement must be recorded & posted on the job site before the first inspection, and copy to the Building Dept.
- Failure to post the Notice of Commencement at the job site will result in the inability of our inspectors to offer an approved inspection.
- Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property
- If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your Notice of Commencement.

**ASBESTOS AGREEMENT: (Initial If Applicable: \_\_\_\_\_)**

As owner/contractor/agent of record for the construction applied for in this application, I agree that I will comply with the provisions of the Florida Statute 469.003 and to notify the DEP of my intent to demolish/remove a structure at the above address and remove asbestos, when applicable, in accordance with state and federal law.

**SOLID WASTE ASSESSMENT:**

Upon completion of the project for which I have made application for a Building Permit, I must pay the pro-rated residential solid waste assessment, or show proof of commercial service with a franchised commercial collector prior to issued Certificate of Occupancy.

**OUTSIDE LOCAL, STATE and FEDERAL AGENCIES:**

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

**OWNER'S AFFIDAVIT:**

- Application is hereby made to obtain a permit to do the work and installations as indicated.
- I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.
- I understand that a separate permit (sub on a permit) must be secured for Electrical, Plumbing, Signs, A/C, etc. as appropriate.
- I hereby certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner (print) \_\_\_\_\_

Qualifier (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY as to Owner

Sworn to & subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, he/she is  
personally known to me or has produced  
\_\_\_\_\_ as  
identification and who did (did not) take an oath.

My Commission Expires on \_\_\_\_\_

NOTARY as to Qualifier

Sworn to & subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, he/she is  
personally known to me or has produced  
\_\_\_\_\_ as  
identification and who did (did not) take an oath.

My Commission Expires on \_\_\_\_\_

\*\*\*\*\*INTERNAL USE ONLY BELOW\*\*\*\*\*

**APPLICATION FEES**

All fees listed are from the MC Growth Management Building Fee Resolution and upon application approval credited towards fees upon issuance.

Staff:	RECEIPT #:	Amount:\$	Date:
<b>Building:</b> \$ _____  <b>ATF:</b> \$ _____ 100% Building Application Penalty Fee (Section M) – NOT Credited		<b>New COM BLG (\$1500)</b>	<b>New Duplex/Multi (\$1500)</b>
		<b>New Conventional SF (\$750)</b>	<b>New Modular SF (\$500)</b>
		<b>All Over Counter or Signs (\$50)</b>	<b>New Replace MH (\$150)</b>
		<b>RES Repair/Remodel &lt;\$10K (\$50)</b>	<b>RES Repair/Remodel &gt;=\$10K (\$100)</b>
		<b>COM Repair/Remodel &lt;\$10K (\$50)</b>	<b>COM Repair/Remodel &gt;=\$10K (\$200)</b>
<b>Environmental Resources:</b> \$ _____		<b>Seawall/Riprap/Dredge/Fill/Dock or combination of (\$80)</b>	<b>Exotic (Invasive) (NO FEE at application. If determined by BIO review it is not invasive related, \$30 application fee will be added to fees due for payment upon issuance.)</b>
		<b>Clearing/Grubbing (\$30)</b>	<b>Exotic (non-invasive or native) (\$30)</b>
		<b>Vegetation Pruning, Trimming, Removal, Landscaping (\$30)</b>	<b>HAZARD (NO FEE at application. If determined by BIO review it is not HAZARD related, \$30 application fee will be added to fees due for payment upon issuance.)</b>
<b>Other Total \$</b> _____		<b>Private Provider</b> (Administration Fee Non-Refundable/NonCreditable \$125)	<b>Write In:</b> \$ _____ \$ _____



*Required for ALL Applications*

Permit#:

## **FloodPlain Information**

### **NEW Structures Only: Enter Base Flood Zone and Provide Elevation**

<b>VE</b>	<b>Base Flood Elevation:</b>	<b>Proposed Elevation of Lowest Supporting member of bottom floor:</b>
<b>A</b>	<b>Base Flood Elevation:</b>	
<b>XE</b>	<b><i>Not Applicable</i></b>	

### **Improvements to Existing Structures Only: Enter Base Flood Zone and Provide Elevation**

<b>VE</b>	<b>Base Flood Elevation:</b>	<b>Existing elevation of Lowest Supporting Member of bottom floor:</b>
<b>A</b>	<b>Base Flood Elevation:</b>	
<b>XE</b>	<b><i>Not Applicable</i></b>	

## **Certification**

I hereby certify I am not proposing improvements to an existing structure below the lowest supporting member of the bottom floor OR below the minimum required elevation.

***Initial***

I hereby certify the improvements I am proposing are less than 50% of the market value of the structure (staff retains the right to evaluate this improvement).

***Initial***



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Permit#:

## Environmental Required Information

Check all that apply:

- ☐ BLASTING    ☐ CLEARING/GRUBBING    ☐ DREDGING    ☐ EXCAVATION    ☐ FILL  
☐ RIPRAP    ☐ RETAINING WALL    ☐ SEAWALL w/ or w/o Dock    ☐ DOCK  
☐ EXOTICS (Non-Invasive)    ☐ LANDSCAPING    ☐ TREE REMOVAL/TRIMMING

**Please check if applicable. If biologist upon review determines that it is neither Exotic or Hazard, the application fee will be added to fees due for payment upon permit issuance:**

- ☐ EXOTICS (Invasive)    ☐ HAZARD

### JOB DETAILS

Existing Conditions Report Submitted? ☐ YES ☐ NO    Construction debris will be removed by:  
 Mitigation Plan Submitted? ☐ YES ☐ NO    ☐ Applicant  
 Barge work required? ☐ YES ☐ NO    ☐ Specialty Contractor (Name):

List amount of material:	VOLUME (in cubic yards):	MATERIAL	
		Waterward of M.H.W.	Landward of M.H.W
<i>Excavated</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Dredged</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Filled</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Deposited</i>		<input type="checkbox"/>	<input type="checkbox"/>

### DETAILED SCOPE OF WORK:

### OTHER OUTSIDE AGENCY PERMITS/APPROVALS:

ACOE Permit #	DEP Permit #	
FWS Permit #	Other:	



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Permit#: \_\_\_\_\_

CODE Case #: CE\_\_\_\_\_

## **Work Commencing Before Permit Issuance (ATF)**

**Building Department Fees are One Hundred Percent (100%) penalty per MC Fee Schedule Resolution, Section M. In addition, the following fees will apply:**

<b>Code Compliance Information (Required for All ATF Applications)</b>	<b>Environmental Information (Required <u>I</u>f FILL or CLEARING Application Only)</b>
<i>TOTAL COST for Completed w/o Permit: (Per MC Section 6-110(a)(1))</i>	<i>TOTAL SQ FT for FILL or CLEARED w/o Permit: (Per MC Section 6-110(a)(3)or(4))</i>
\$	

The following information is required at the time of submittal of an After-The-Fact (ATF) building permit application:

- ☐ Completed Application: Pages 1 – 3, Page 5, and Page 4 if applicable
- ☐ Detailed scope of work below
- ☐ Sealed “As-Built” plans designed to the current building code and wind speed, as well as other required documents based on the project.
- ☐ Survey or site plan (if applicable)
- ☐ Copy of Notice of Violation with Code Compliance case number (if applicable)
- ☐ Acceptable proof of ownership, if current owner is not detailed on the Property Record Card.
- ☐ Elevation certificate (if applicable)

### **DETAILED SCOPE OF WORK:**
